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INDICATION FORM**

Application Number	
Filing Date	June 16, 2006
First Named Inventor	BIONDI, Armando
Title	MAGNETIC WEDGE DEVICE APPLIED.
Art Unit	
Examiner Name	
Attorney Docket Number	58009-021700

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

33717

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Armando Biondi</i>	Date	6/5/2006
Name	Armando BIONDI	Telephone	
Title and Company	C.E.O.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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